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|-------------------------------|-------------------|
| Application Number | 10576981 |
| Filing Date | 3/2/07 |
| First Named Inventor | ASHDOWN |
| Title | METHOD OF THERAPY |
| Art Unit | 1648 |
| Examiner Name | LUCAS |
| Attorney Docket Number | 5517-18 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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I am the:

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OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

11/25/08

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on

SIGNATURE of Applicant or Assignee of Record

Signature

Date

Name

MERVYN JACOBSON

Telephone

Title and Company

VICE PRESIDENT OF GLOBAL LICENSING AND INTELLECTUAL PROPERTY

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.☐ *Total of _____ forms are submitted.

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